_	•
•	

Please type a plus sign (+) inside this box -> +

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

	Attorney Docket Number	20066.79				
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	Dov MALONEK				
PATENT APPLICATION	COMPLETE IF KNOWN					
(37 CFR 1.63)	Application Number	/ to be assigned				
Declaration Submitted With Initial Filing Submitted after Initial Filing Submitted after Initial Filing (37 CFR 1.16 (e)) required)	Filing Date	to be assibned				
	Group Art Unit					
	Examiner Name					

As a below named	inventor, I her	eby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural											
	names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: MULTI-ELECTRODE LEAD										
MOLTI-ELECTRODE LEAD											
4b	 										
the specification of is attached h		(Titl	e of the Invention)								
OR											
was filed on (MM/DD/YYYY)		as Ur	ited States Applica	tion Number or F	PCT International					
Application Number		and w	as amended on (MM/DE)/YYY)		(if applicable).					
I hereby state that I h amended by any ame	ave reviewed a	ind understand the	contents of the above id	entified specificatio	n, including the	claims, as					
,			material to patentability	as defined in 37 CF	R 1 56						
Tacknowledge the do		mornation which is	material to paternability	as defined in or or							
I hereby claim foreign	priority benefi	ts under 35 U.S.C.	119(a)-(d) or 365(b) of	any foreign applic	ation(s) for pate	ent or inventor's					
America, listed below a	and have also i	dentified below, by	on which designated at checking the box, any for	reign application fo	or patent or inver	United States of ntor's certificate,					
or of any PCT internat	onal application	n having a filing date	e before that of the appl	cation on which ph	ority is claimed.						
Prior Foreign Applica	ation		Foreign Filing Date			ppy Attached?					
Number(s)	_	Country	(MM/DD/YYYY)	Not Claimed	YES	NO					
					0						
						H					
☐ Additional foreign	application num	bers are listed on a	supplemental priority da	ata sheet PTO/SB/0)2B attached her	reto:					
	<u> </u>		y United States provisio								
Application Nu	mber(s)	Filing Date	e (MM/DD/YYYY)								
12690	5	11/	05/1998		onal provisiona ers are listed o	• •					
12090	3	1 1/0	00/1990		emental priority						
				PTO/S	SB/02B attache	ed hereto.					

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

	PTO/SB/01 (12-97)
Please type a plus sign (+) inside this box - +	Approved for use through 9/30/00. OMB 0651-0032
	Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
	and the standard to a cultivation of information unions it approxima

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.														
U.S. Parent Application or PCT Parent Number					Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)						
PCT/IL99/00596					11/04/1999				., ., ., ., .	,				
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.														
		ereby appoint the innected therewi	th:	Custom OR	er Numb	per			nis application	-	• [ct all business i Place Custo Number Bar Label bei	mer Code	
		 ·		register	Registr	ration	Harrio	rogistratio	Naп		•		tration	
Mic	Nam chaell	. Wolfson			Num 24	ber 750			Mark Mo		 e		612	
Wi	lliam H	I. Dippert s Gable			26,	723 479				agu			,	
Additional i	registered	d practitioner(s) r	named o	n supple	mental	Registere	d Pract	itioner Inf	ormation sh	et PTO/	SB/020	attached here	to.	
Direct all corr	esponde		Custom or Bar C						OR	X Co	rrespo	ondence addi	ess below	
Name		William H. Dippert												
Address					Cowa	n, Lieb	owitz	& Latr	nan, P.C) .		····		
Address					113	3 Aven	ue o	f the Ar	nericas					
City		1	New Y	ork			S	tate	NY	ZIP		10036-6799		
Country		USA		Tel	ephon	е ((212)	790-92	200	Fax	(212) 575-0	671	
believed to be punishable by	true; and fine or in	I statements mad further that the nprisonment, or tissued thereon.	ese state both, ur	ements	were ma	ade with t	he kno	owledge th	nat willful fa	lse state	ments	and the like so	made are	
Name of So	ole or F	irst Invento	r:					A petition	has been	filed for	this u	nsigned inve	ntor	
Gi	ven Nar	ne (first and m	iddle [if	any])					Famil	y Name	or Su	name		
		Dov	,							Malo	nek			
Inventor's Signature							Date							
Residence: (City	Tivon State				Country Israel Citizenship IL					IL			
Post Office A	ddress	Hadganiot Street 24												
Post Office A	ddress													
City		Tivon State ZIP 36092					92	Cou	ntry	Isra	el			
Additional	invento	rs are being na	amed o	n the _	1 sup	plement	al Ado	litional In	ventor(s)	sheet(s)	PTO/	SB/02A attac	hed hereto	

Please type a plus sign (+) inside this box ->	\Box	
rease type a plus sign (*) maide this box		

PTO/SB/02A (3-97)
sign (+) inside this box

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a

DECLARATION

valid OMB control number.

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _1_

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])					Family Name or Sumame						
Nissim					Darvish						
Inventor's Signature								Date			
Residence: City	Haifa	State			Country	Israel		Citizens	hlp	IL	
Post Office Address	Hantke Street 22/a										
Post Office Address											
City	Haifa	State			ZIP	34606	Count	гу	Israel		
Name of Addition	nal Joint Inventor, if an	y:			A petitio	n has been file	d for t	his unsign	ed inv	entor	
Given Na	me (first and middle [if any]))				Family Nar	ne or	Sumame			
	Judith					ŀ	Kornfeld				
Inventor's Signature				Date							
Residence: City	Haifa	State		,	Country	Israel		Citizer	nship	ĮL.	
Post Office Address			I	lanot	t Stree	t 31/a					
Post Office Address											
City	Haifa	State	,		ZIP	34324	Cou	ntry	Israel		
Name of Addition	nal Joint Inventor, if any	y:			A petitio	n has been file	d for th	nis unsign	ed inv	entor	
Given Nar	me (first and middle [if any])			Family Name or Sumame							
Inventor's Signature											
Residence: City	State				Country						
Post Office Address											
Post Office Address						1					
City	State ZIP Country										

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.